24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	T EXI END	TIONES		PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
MOVEON.ORG POLITICAL ACTION				C C00341396
Check if 24-hour report 48-hour report	X New rep	port Amends repo		T = M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Chong & Koster				10 07 7 2016
Mailing Address 1244 19th St. NW			Amou	unt
City	State	Zip Code	— I.	500.00
Washington	DC	20036		saction ID : SE.11396 of Disbursement or Obligation
Purpose of Expenditure Online Advertising		Category/ Type		10 11 2016
Name of Federal Candidate		Support	Office Sough	nt: House District:00
HECK, JOE, , ,		X Oppose	Presid	ent Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	7	3793.78	Disbursemer 2016	nt For:
Full Name of Payee	_		Date	of Public Distribution/Dissemination
Chong & Koster			[10 12 2016
Mailing Address 1244 19th St. NW			Amou	unt
City	State	Zip Code	— I	1250.00
Washington	DC	20036		action ID : SE.11397 of Disbursement or Obligation
Purpose of Expenditure Online Advertising		Category/ Type		10 12 2016
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
HECK, JOE, , ,		X Oppose	Presid	lent Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	7 7	5043.78	Disbursemen 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	es			1750.00
				7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		·· •	
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Matzzie, Tom, , , Signature	[Electron	nically Filed] Date	9 10	22 / 2016
Signaturo				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	circule Ly			FOR SE OF	FORM 24/48
	AME OF COMMITTEE (In Full)		FEC II	DENTIFICATION	ON NUMBER ▼
IV	MOVEON.ORG POLITICAL ACTION		С	C00341396	
Ch	neck if X 24-hour report 48-hour report New report Amends	report filed on	M = M /	/ D = D /	Y = Y = Y = Y
	Full Name of Payee	Da	ite of Public	c Distribution/	Dissemination
	Columbia Road Media		10	08	2016
	Mailing Address PO Box 53335	Ar	nount		
	City State Zip Code	—— F			41.61
	Washington DC 20009		Transaction ID : SE.11398 Date of Disbursement or Obligation		
	Purpose of Expenditure Internet Advertising Category/ Type		10	07	2016
	Name of Federal Candidate Suppor	rt Office So	ught:	House	District:00
	HECK, JOE, , ,	e Pre	sident	x Senate	State: NV
	Calendar Year-To-Date Per Election for Office Sought 3293.78	Disburser 2016	7	Primary	✗ General
			Other (sp	pecify) ►	
	Full Name of Payee Columbia Road Media	Da	M = M	/ D D /	Dissemination
	Mailing Address PO Box 53335	Ar	10 mount	13	2016
	City State Zip Code	—— F			41.61
	Washington DC 20009			D: SE.11399 ursement or C	
	Purpose of Expenditure Internet Advertising Category/ Type		10 10	13	2016
	Name of Federal Candidate Suppo	rt Office Sc	ught:	House	District:00
	HECK, JOE, , ,	e Pre	esident	X Senate	State: NV
	Calendar Year-To-Date Per Election for Office Sought 5168.69	Disburser 2016	ment For: Other (sp	Primary	✗ General
	(a) SUBTOTAL of Itemized Independent Expenditures	····· •		7	83.22
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures	······		1 1 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Matzzie, Tom, , , [Electronically Filed]	Date 10	/ 22	/ Y Y Z	6
	Signature	2410		201	

PAGE 2

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
MOVEON.ORG POLITICAL ACTION		C C00341396		
Check if 24-hour report 48-hour report New report		M / D D / Y B Y B Y		
Full Name of Payee	Date of	of Public Distribution/Dissemination		
Facebook	M	10 13 2016		
Mailing Address 1601 Willow Rd	Amou	nt		
City State Z	ip Code	83.30		
1 ·	4025 Trans	action ID : SE.11400 of Disbursement or Obligation		
Purpose of Expenditure Internet Advertising		10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support Office Sough	t: House District:00		
HECK, JOE, , ,	X Oppose Preside	ent Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought	5127.08 Disbursemen 2016	t For: Primary X General ther (specify) ▶		
Full Name of Payee		of Public Distribution/Dissemination		
PDQ Printing	Date of			
Mailing Address 3820 S Valley View Blvd	Amou			
City State Z	ip Code	2706.34		
· · · · · · · · · · · · · · · · · · ·	B9103 Transa	oction ID : SE.11401 of Disbursement or Obligation		
Purpose of Expenditure Literature		10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	🗶 Support Office Sough	it: House District: 00		
MASTO, CATHERINE CORTEZ, , ,	Oppose Preside	ent Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought	3039.67 Disbursemen 2016	ther (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures	······································	2789.64		
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7		
(c) TOTAL Independent Expenditures	······	7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Matzzie, Tom, , , [Electronica	ally Filed] Date 10	22 / 2016		
Signature				

PAGE

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	.5	PAGE 4 OF 5 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
MOVEON.ORG POLITICAL ACTION		C C00341396		
Check if X 24-hour report 48-hour report New report	Amends report filed on	M / D D / Y B Y B Y B Y		
Full Name of Payee PDQ Printing		of Public Distribution/Dissemination		
Mailing Address 3820 S Valley View Blvd		10 22 2016		
	Amou			
City State Zip Co.	de	2393.25		
Las Vegas NV 89103		action ID: SE.11403 of Disbursement or Obligation		
Purpose of Expenditure Printing/Brochures Categ	ory/ ype	10 22 7 2016		
Name of Federal Candidate	Support Office Sough	t: House District:00		
MASTO, CATHERINE CORTEZ, , ,	Oppose Preside	ent Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 756	Disbursemen 2016 O	t For: Primary		
Full Name of Payee		of Public Distribution/Dissemination		
Solidarity Strategies LLC	TN	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1090 Vermont Ave, NW	A			
Suite 300	Amou	nt		
City State Zip Co	de	212.50		
Washington DC 20005		oction ID : SE.11402 of Disbursement or Obligation		
Purpose of Expenditure Literature Categ	ory/ ype	10 07 / 2016		
Name of Federal Candidate	Support Office Sough	t: House District:00		
MASTO, CATHERINE CORTEZ, , ,	Oppose Preside	ent Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 325	2.17 Disbursemen 2016 O	t For: Primary General ther (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	······	2605.75		
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7		
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Matzzie, Tom, , , [Electronically Fit	[ed] Date 10	22 / 2016		
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ooneduic Ly		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
MOVEON.ORG POLITICAL ACTION		C C00341396		
Check if 24-hour report 48-hour report	t Amends report filed or	n		
Full Name of Payee]	Date of Public Distribution/Dissemination		
TCN, Inc.		09 29 2016		
Mailing Address 560 South Vallie View Drive		Amount		
City State Z	Zip Code	333.33		
St George UT 8		Transaction ID : SE.11395 Date of Disbursement or Obligation		
Purpose of Expenditure Phone Calls	Category/ Type	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support Office S	Sought: House District: 00		
MASTO, CATHERINE CORTEZ, , ,		President State: NV		
Calendar Year-To-Date Per Election for Office Sought	Disburs 2016	ement For: Primary X General Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination		
		M - M / D - D / Y - Y - Y - Y		
Mailing Address		Amount		
City State Z	Zip Code			
		Date of Disbursement or Obligation		
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate	Support Office S	Sought: House District:		
		President Senate State:		
Calendar Year-To-Date		sement For: Primary General		
Per Election for Office Sought		Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	· [333.33		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures		7561.94		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Matzzie, Tom, , , [Electronica	ally Filed] Date 10	22 / 2016		
Signature				

PAGE 5

OF